



Membership Sign-Up

Name: _____ DOB M/D ___/___

Business Name: _____ Email: _____

Address: _____ City _____ Zip Code _____

Surrounding Location: _____ Ages served: _____

Phone: _____ Years in Childcare: ____ Licensed __YES __NO

Please choose a USER _____ PASSWORD _____ to enter CCS member's area

Type of Childcare Facility	State Licensed	# of Years in Childcare
_____ Family Childcare Home I	_____ Yes	_____
_____ Family Childcare Home II	_____ No	_____
_____ Child Care Center	Accredited Facility ____ Yes ____ No	Child Care License # _____

- Do you carry Child Care Liability Insurance on your business? ____ Yes ____ No
- Would you like to be listed in the ChildCare Share Member Directory? ____ Yes ____ No
- Do you give you're permission allowing CCS representatives to add your childcare information to the website? ____ Yes ____ No
- Are you a Tier I subscriber on *www.Omaha-Childcare.com*? If not, would you like more info on how to advertise as a Tier I subscriber? ____ Yes ____ No
- Do you GRANT CCS representatives to link your member box to your Tier I listing (for advertising/referral purposes?) ____ Yes ____ No
- Photo, Video, and Media Consent - I grant full permission to Childcare Share, and its members, to take my photograph and use it for purposes to benefit Childcare Share. I understand Childcare Share has no obligation to compensate me in any way for any such use(s). _____ /___/___

Member Signature

Date

***Childcare Share is the owner of all photos taken and shall remain the owner of all rights including copyright.*

Would you be interested in sharing your time and/or talents in any of the following areas?

_____ Advertising/Publicity _____ Conference/Community Events _____ Fundraising _____ Grants
 _____ Hospitality _____ Membership _____ Welcome _____ Mentor _____ Newsletter
 _____ Program Design _____ Website/Internet _____ Other _____

Comments _____

Individual Membership \$25 _____ Membership (12 months) Due Annually

Date Joined ___/___/___ Cash _____ Check _____ CK# _____
 Membership Expires ___/___/___

Make your checks payable to ChildCare Share.
 If mailing - Mail Membership Payment to: CCS c/o JoAnn Fryman, 2107 Pilgrim Drive, Bellevue 68123

www.childcareshare.net



Ways I can help.....

- Call members to remind them of in-service
- Buy special occasion cards & stamps - Mail monthly special occasion cards
- Send out ChildCare Share Monthly E-mail notices / reminders.
- Set up welcome table at monthly in-service
- Pass out evaluation forms after monthly in-service
- Keep snack list and call to remind people that signed up
- Pass out member certificates at monthly in-service
- Maintains current member list
- Dues renewal notification
- Receives RSVP calls to monthly in-service
- Stamps in-service certificates at monthly in-service
- Pass out monthly in-service stickers
- Keep hospitality tub and return it to each monthly in-service
- Greet and welcome members at monthly in-service
- Prepare and clean up snack table at month in-service
- Create a list of possible advertisers
- Call advertisers for our monthly newsletters
- Call new providers and introduce the group to them
- Be a mentor and be willing to answer new providers questions
- Help the program chair with phone calls
- Help program chair with set up of room at in-service and replacing arrangement after in-service
- Willing to learn how to maintain our CCS website (FrontPage software required)
- Willing to help on newsletter - gather information, edit monthly
- I have Window XP / Microsoft Office including -Word/ Publisher/Front Page - and I know my way around the computer.